



Retiree Group Life Insurance Change of Beneficiary Notice

You may request to change your beneficiary(s) at any time by giving written notice to the Human Resources Services Center, Retirement. A new change of beneficiary form will be forwarded for completion upon receipt of your request.

Insured's Last Name (please print)	First Name	Middle Initial
Member's Social Security Number	Associate ID	Policy Number

I request that the death benefit payable under State Farm Life Insurance Company Group Life Insurance on my life at my death be paid in accordance with this beneficiary designation.

Complete for all beneficiaries, even if unchanged, giving the full name, address (if different from the insured's), relationship, and taxpayer identification number for each. For children as a class, name those now living.

PRIMARY BENEFICIARY (if living)				
Name	Age	Relationship	Address	Social Security Number (if available)

SUCCESSOR BENEFICIARY (if living)				
Name	Age	Relationship	Address	Social Security Number (if available)

If more than one beneficiary per class is named and the respective interest of each one is not specified, the death benefit will be paid in equal shares to the surviving beneficiaries of that class. I recognize that completion of this request revokes any former beneficiary designation I have made under the group policy.

Retiree (or Assignee) Signature _____ Date _____